

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SP</i>		<i>10/03/01</i>
O.I.P.E. CLASSIFIER	<i>FW</i>	<i>11422</i>	
FORMALITY REVIEW			<i>11-15-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	<i>8/3/01</i>
2	<i>11/0</i>
3	<i>10/1</i>
4	<i>11/</i>
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Claim	Date
51	<i>8/24/01</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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